First Health Services Corporation
A Coventry Health Care Company

Service Center Operational Information

Please Type or Print Clearly

Submitter Information

NAME:			
ADDRESS:	**CITY:**	**STATE:**	**ZIP:**
CONTACT NAME FOR REJECTS:			
PHONE NUMBER:	**FAX NUMBER:**	**EMAIL ADDRESS:**	

Electronic Transaction Types Desired (MUST test for each prior to production)

- ☐ Eligibility Request/Response (270/271)
- ☐ Claims Status Request/Response (276/277)
- ☐ Prior Authorization Request/Response (278/278)
- ☐ Pharmacy Claim (NCPDP – batch)
- ☐ Remittance Advice (835)
- ☐ Dental Claim (837 D)
- ☐ Institutional Claim (837 I)
- ☐ Professional Claim (837 P)

Software Vendor Information

SOFTWARE VENDOR:	**CONTACT NAME:**		
ADDRESS	**CITY**	**STATE**	**ZIP**
PHONE NUMBER:	**FAX NUMBER:**	**EMAIL ADDRESS:**	

First Health Services' Use Only!

SERVICE CENTER NUMBER: _____

SERVICE CENTER FILE UPDATED: _____ (Date)

PROVIDER MASTER FILE UPDATED: _____ (Date)

SERVICE CENTER PUT INTO TEST: _____ (Date)

SERVICE CENTER PUT INTO PRODUCTION: _____ (Date)

Fax to: 1-804-273-6797, or
Mail Original to:
First Health Services Corporation
Electronic Media Claims Coordinator
Virginia Medicaid Operations
4300 Cox Road
Glen Allen, VA 23060